

## POSADAS SENTINEL PRELIMINARY APPLICATION

Application Date: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ Standard Program

NAME \_\_\_\_\_  
(First) (Middle) (Last)

MAILING ADDRESS \_\_\_\_\_  
(City) (State) (Zip)

HOME# \_\_\_\_\_ WORK# \_\_\_\_\_

ALL MEMBER INFORMATION MUST BE FULLY COMPLETED OR APPLICATION WILL BE REJECTED

1. List ALL persons living in the household (if additional space is needed use a separate sheet)

NAME	RELATION	SEX	BIRTH DATE	AGE	SOC.SEC. NO.	BIRTH CITY, STATE

2. List ALL income in the home (if additional space is needed use a separate sheet)

Name of Household Member	Employer/source of income	Monthly	Weekly	Hourly	# of hours

3. Please answer ALL of the following questions.

Are you or your spouse 62 or older?	Yes	No	Comments
Do you need a wheelchair accessible unit?			
Do you own the unit in which you are staying?			
Do you rent the unit in which you are staying?			
Have you ever lived in Public Housing? If yes, when? Where?			
Have you ever lived in Section 8? If yes, when? Where?			
Do you owe a balance to any housing assistance program?			
Have you ever been evicted or had a judgment for unpaid rent/damages?			
Has any family member ever been convicted of a crime or felony?			
Is any household member subject to a life time registration under a State sex offender registration program?			

I understand that this pre-application is solely for the purpose of placing my name on the waiting list. I certify that all information regarding family composition and income are accurate and complete to the best of my knowledge. I understand that providing false statements and/or information is punishable under federal law. I also understand that providing false statements and/or information is grounds for denial of the program assistance or termination of tenancy.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date